



PSYCHOTHERAPY BULLETIN
PHYSICIAN (PSYCHIATRIST), PSYCHOLOGIST, PCNS, LCSW, LPC, FQHC, RHC

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- Family Therapy for Children in Foster Care Prior Authorization Requests

Family Therapy for Children in Foster Care Prior Authorization Requests

This Bulletin clarifies policy related to Family Therapy for children in Foster Care and requests for Prior Authorization.

Family Therapy with Patient Present (90847) is provided to a family and the session is billed as one service. A "family" may be defined as biological, foster, adoptive or other family unit. Only one Family Therapy session may be billed per family per day. Each child may not be seen separately with a parent figure and billed as separate Family Therapy sessions. Psychology/counseling services must be directed exclusively to the effective treatment of the patient. A family unit is not a group and providers may not submit a claim for each eligible child attending the same Family Therapy session.

Only one prior authorization (PA) is approved and open at a time for Family Therapy. If there is more than one eligible child in the family and no child is exclusively identified as the primary patient of treatment, then the oldest child's DCN must be used for PA and billing purposes. When a specific child is identified as the primary patient of treatment, that child's DCN must be used for PA and billing purposes.

MO HealthNet Division (MHD) in collaboration with the Children's Division recognizes there are circumstances within the Foster Care setting where a child may require additional Family Therapy services. If a foster child requires Family Therapy sessions with the foster parent and separate Family Therapy sessions with the biological parent/parents, the provider should obtain one Family Therapy PA for the child. The provider must develop an integrated Treatment Plan for the Family Therapy with objectives and outcomes for therapy with the foster family and the biological family. The hours may be split between the two families, i.e. Family Therapy sessions with the foster parent and separate Family Therapy sessions with the biological parent. Hours will be issued in accordance with the guidelines outlined in the Psychotherapy Bulletin [Volume 30, Number 27](#) dated November 30, 2007. Hours required

beyond these guidelines may be requested through the Clinical Exception process, also outlined in the bulletin. Providers are required to adhere to the maximum daily and monthly unit limitations and all other program restrictions. Units billed over the daily, monthly, yearly limits represent a violation of MHD policy and are not reimbursed.

Foster families that consist of several unrelated children should request one Family Therapy PA per family as stated in policy in section 13.2 of the [Psychology Manual](#). Rare circumstances may arise when each unrelated child in a foster family requires a separate Family Therapy session with the foster parent. Requests for multiple Family Therapy PAs per foster family will only be considered through the Clinical Exception process as stated above.

Family therapy without patient present (90846) requires prior authorization regardless of the age or placement of the child.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896